



Application Form for the Costa Rica Teen Homestay Program

Personal Information of Participant			
Last name:		First name:	
Nationality:		Native language:	
Date of birth: (mm/dd/yyyy)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Current School:	Grade:
Passport number:		Country of issue:	
Email of participant:			
Home phone:		Cell phone:	
Street address:			
City:		State/Province:	
Country:		Zip/Postal code:	

Communication with other participants
Can we share your first name, e-mail address and departure date with other program participants who might be interested in making contact before your program starts? Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian Contact Information	
Last name:	First name:
Relationship to participant:	Daytime phone:
Evening phone:	Cell:
Emergency number:	Email of parent/guardian:

Course Information	
Course name: Costa Rica Teen Homestay Program	Number of years of Spanish study:
Estimated Spanish level: Beginner <input type="checkbox"/> , Elementary <input type="checkbox"/> , Intermediate <input type="checkbox"/> , Advanced <input type="checkbox"/>	
Start date:	Finish date:

Accommodation and Meals
Accommodation is a double room with 3 meals per day. There are no accommodation or meal options for this program. You can list your homestay preferences below.

The Learning Traveller

YOUR LANGUAGE TRAVEL EXPERTS
www.learningtraveller.com



Homestay Information

For the homestay option, please answer the following questions:

1. Do you mind if there are children in the homestay: yes no
2. Do you mind if there are animals (dogs, cats, birds): yes no
3. Do you mind if adults smoke in the homestay: yes no
4. Please list any other homestay preferences you have:

Please note: We will do our best to match your preferences however we ask that you have an open mind as wonderful host families come in all shapes and sizes and are located in a variety of settings.

Medical Information and Dietary Requirements/Preferences

It is essential that you declare any/all medical conditions and issues (including medication) as well as any/all dietary issues on the attached Medical Information and Dietary Requirements/Preferences Form. Failure to do so may result in you not receiving proper medical attention if an illness or medical emergency should arise (please attach additional pages if required).

Tell Us About Yourself

It is always very helpful if teachers and host families can get to know you before you arrive. Tell us about yourself including your hobbies and interests as well as what you hope to get out of an immersion program in Costa Rica (please attach additional pages if required):

Airport Pickup and Drop off

A return airport transfer for San Jose is **included in the price** of your program. Please indicate below only if you **do not** require this service.

I **do not** require a return airport transfer: | I require **only a one-way** airport transfer:
Arrival transfer: Departure transfer:

How did you hear about The Learning Traveller?

Terms and Conditions & Parental Authorization (required for all participants under 18)

By signing below, I acknowledge the following:

1. I have read and agree to The Learning Traveller Terms and Conditions found at www.learningtraveller.com/terms.asp
2. I authorize my child, named in this application, to participate in the selected program.

Name of parent or legal guardian:

Relationship to applicant:

Signature of parent or legal guardian:

Date:

Signature of student:

Date:

* In the event of a joint or shared custody arrangement, both parents must sign the application.



Medical Information and Dietary Requirements/Preferences Form

Student name: _____ Date of arrival: ___/___/___
Age on arrival: _____

Emergency contact name & telephone number during the course:

Name: _____ Number: _____

Do you suffer from any of the following?

▫Asthma: Yes/No
Details: _____

▫Allergies to food, animals or medicine: Yes/No
Details: _____

▫Anorexia or Bulimia: Yes/No
Details: _____

▫Epilepsy Yes/No
Details: _____

Do you need a special diet for religious or medical reasons?

Yes/No
Details: _____

Do you have a physical disability or condition that might affect your ability to fully participate in the program?

Yes/No
Details: _____

Are you vegetarian?

Yes/No

Are you on medication, and if so, must this be refrigerated?

Yes/No

Please give complete details (attach a separate sheet of paper if necessary).

◦ I authorize school staff to administer first aid* where the care of a nurse or doctor is not considered necessary.

◦ In the unlikely event that my child should require emergency treatment or surgery, I authorize school staff to sign the consent form on my behalf.

Signed:.....mother/father/guardian (please circle one)

Date:.....

*this includes only ordinary home remedies such as a band-aid for a cut finger or an aspirin for a headache.
Depending on local laws, staff may be legally prevented from helping your child in this way without your written permission.



Costa Rica Teen Homestay Program - Student conduct form for minors 2011

1. A minor is defined as any participant of the COSI Summer Camp. His or her parents and/or guardians take complete responsibility for their children.
2. Students will conduct themselves in accordance with the local laws and standards, which includes but is not limited to being respectful of all COSI staff, personnel, professors, other students, chaperones and host families.
3. Tardiness, absences and disrespectful behavior are terms for immediate dismissal from the program.
4. Alcohol, tobacco and drug use will not be tolerated. Any student who is found in possession of or under the influence of any alcohol or drugs at any moment will be dismissed from the program. Any student who is found to disregard or disrespect the established rules or laws will be dismissed from the program. He/She will be responsible for the extra expenses in changing the plane ticket departure date. No refunds will be given for the part of the program not taken.
5. Students must participate in all scheduled activities.
6. Costs of any medical, hospital or clinical care are the responsibility of the student. Students should carry pertinent insurance information, as well as have sufficient funds and/or credit card available, in case of an emergency.
7. Students must take recommendations given by COSI staff seriously, as living in a foreign city may be dangerous. COSI is not responsible for any property stolen from a student while in Costa Rica. Students must take every precaution necessary to protect themselves as well as their personal belongings during their stay in Costa Rica.
8. Students are not allowed to go out without any parent of the host family or a chaperone.
9. Students are not allowed to get any body piercings or tattoos while in the program.
10. Do you grant permission to COSI to use photos for the program promotional purposes of your son or daughter participating in COSI's Summer Camp in Costa Rica?

YES

NO

While participating in the program, I will abide by Costa Rican laws, as well as the rules and standards of the Costa Rica Spanish Institute. I promise to behave and be respectful of the COSI staff and my host family at all times. I promise to immediately inform the COSI staff if I have any problem with my classes, host family, health or any other emergency.

Student name (please print): _____

Signature: _____ Date: _____

Parent name (please print): _____

Signature: _____ Date: _____